

Vonda M. Wallace  
Paralegal Specialist

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-375)							SERIAL NO.	FILING DATE					
							APPLICANT(S)	09/831328					
CLAIMS													
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT									
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1								51					
2								52					
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45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL D.								TOTAL IND.					
TOTAL P.								TOTAL DEP.					
TOTAL AIMS								TOTAL CLAIMS					